ATTORNEY'S DOCKET NUMBER PHARMA 100

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought of the invention entitled:

is attached hereto.		
was filed as United States application		
Serial No. <u>09/536,459</u>		
on <u>March 28, 2000</u>		
and was amended		· - · ·
on March 28, 2000	(if applicable).	<del>-</del>
Number		
and was amended under PCT Article 19		
on	(if applicable).	
 state that I have reviewed and understand the conter by any amendment referred to above.	nts of the above-identified specification, including the	clai

and of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

## PRIOR U.S. PROVISIONAL AND FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

COUNTRY (if PCT, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119
United States	60/126,734	March 29, 1999	■ YES □ NO
United States	. 60/126,813	March 30, 1999	■ YES □ NO
			□ YES □ NO

## Combined Declaration For Patent Application and Power of Attorney (Continued) (Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER PHARMA 100

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application:

U.S. APPLICATION NUM	BER .	U.S. FILING DATE	PATENTED	PENDING	ABANDONED
PCT APPLICATION NO.	PCT FILING DATE	U.S. SERIAL NUMBERS ASSIGNED (if any)			
			1 1		1 .
TOT ATTENDATION NO.			<del></del>	·	<del>                                     </del>
TOTAL DICKHON NO.					
TOT AT ELECTION NO.					

POWER OF ATTORNEY: As a named inventor, I hereby appoint I. William Millen (19,544); John L. White (17,746); Anthony J. Zelano (27,969); Alan E.J. Branigan (20,565); John R. Moses (24,983); Harry B. Shubin (32,004); Brion P. Heaney (32,542); Richard J. Traverso (30,595); John A. Sopp (33,103); Richard M. Lebovitz (37,067); John H. Thomas (33,460); Catherine M. Joyce (40,668); James T. Moore (35,619), James E. Ruland (40,921), Nancy Axelrod (44,014) and Jennifer J. Branigan (37,432) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

Send Correspondence to: MILLEN, WHITE, ZELANO & BRANIGAN, P.C.

Telephone No. 703/243-6333 Direct Telephone Calls to: 703/813-5325

Arlington Courthouse Plaza I, Suite 1400 2200 Clarendon Boulevard

Arlington, Virginia 22201

	<del>r</del>	to The Committee of the				
2		FAMILY NAME Gourdeau	FIRST GIVEN NAME Henriette	SECOND GIVEN NAME		
) [	RESIDENCE & CITIZENSHIP	CITY Montreal	STATE OR FOREIGN COUNTRY Canada	COUNTRY OF CITIZENSHIP Canada		
	POST OFFICE ADDRESS	STREET 3821 Hampton	CITY Montreal QC H2A 2K7	STATE & ZIP CODE/COUNTRY  Canada		
2	FULL NAME OF INVENTOR	FAMILY NAME Giles	FIRST GIVEN NAME Francis	SECOND GIVEN NAME J.		
	RESIDENCE & CITIZENSHIP	CITY Houston	STATE OR FOREIGN COUNTRY Texas	COUNTRY OF CITIZENSHIP United States of America		
	POST OFFICE ADDRESS	STREET 1515 Holcombe Boulevard, Rm. B8-4324	CITY Houston	STATE & ZIP CODE/COUNTRY Texas .77030		
	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME		
0 3	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP		
	POST OFFICE ADDRESS	STREET	CITY	STATE & ZIP CODE/COUNTRY		
2 0 4	FULL NAME OF INVENTOR	FAMILY NAME .	FIRST GIVEN NAME	SECOND GIVEN NAME		
	RESIDENCE & CITIZENSHIP	СІТҮ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP		
	POST OFFICE ADDRESS	STREET	СІТУ	STATE & ZIP CODE/COUNTRY		

## Combined Declaration for Patent A Acation and Power of Attorney (Continued) ATTORNEY'S DOCKET NUMBER (Includes Reference to PCT International Applications) PHARMA 100 FULL NAME **FAMILY NAME** FIRST GIVEN NAME SECOND GIVEN NAME OF INVENTOR 2 0 RESIDENCE & STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP CITIZENSHIP 5 POST OFFICE STREET STATE & ZIP CODE/COUNTRY ADDRESS **FULL NAME FAMILY NAME** FIRST GIVEN NAME SECOND GIVEN NAME OF INVENTOR **RESIDENCE &** STATE OR FOREIGN COUNTRY 0 COUNTRY OF CITIZENSHIP CITIZENSHIP 6 POST OFFICE STREET STATE & ZIP CODE/COUNTRY **ADDRESS FULL NAME** FAMILY NAME FIRST GIVEN NAME SECOND GIVEN NAME OF INVENTOR 2 RESIDENCE & STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP CITIZENSHIP POST OFFICE STREET STATE & ZIP CODE/COUNTRY **ADDRESS FULL NAME FAMILY NAME** FIRST GIVEN NAME SECOND GIVEN NAME OF INVENTOR 17.55 RESIDENCE & 0 STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP CITIZENSHIP 8 POST OFFICE STREET Ď STATE & ZIP CODE/COUNTRY **ADDRESS FULL NAME** FAMILY NAME FIRST GIVEN NAME SECOND GIVEN NAME OF INVENTOR RESIDENCE & STATE OR FOREIGN COUNTRY 0 COUNTRY OF CITIZENSHIP CITIZENSHIP 9 POST OFFICE STREET CITY STATE & ZIP CODE/COUNTRY **ADDRESS** FULL NAME **FAMILY NAME** FIRST GIVEN NAME SECOND GIVEN NAME OF INVENTOR 2 RESIDENCE & CITY COUNTRY OF CITIZENSHIP STATE OR FOREIGN COUNTRY 1 CITIZENSHIP 0 POST OFFICE STREET CITY STATE & ZIP CODE/COUNTRY ADDRESS I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon. SIGNATURE OF INVENTOR SIGNATURE OF INVENTOR DATE SIGNATURE OF INVENTOR SIGNATURE OF INVENTOR DATE 16/00 SIGNATURE OF INVENTOR DATE SIGNATURE OF INVENTOR DATE SIGNATURE OF INVENTOR DATE SIGNATURE OF INVENTOR DATE SIGNATURE OF INVENTOR 205 DATE SIGNATURE OF INVENTOR 211 DATE SIGNATURE OF INVENTOR DATE SIGNATURE OF INVENTOR

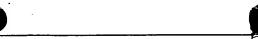


## Combined Declaration For Patent Application and Power of Attorney (Continued) (Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER PHARMA 100

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application:

U.S. APPLICATION NUMBER			U.S. FILING DATE PAT		PENDING	ABANDONED			
			•		U.S. SERIAL NUMBERS		<u> </u>	<u> </u>	
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7	elano (27 969	Alan E. I. F	3ranigan (20.56	<ol><li>5): John R. Mo:</li></ol>	appoint I. William Millen (19,54 ses (24,983); Harry B. Shubin (3 povitz (37,067); John H. Thomas	2.004); Brion P.	Heaney (32,542):	Richard J.	
Ja ap	mes T. Moore oplication and	transact all b	mes E. Ruland usiness in the P	(40,921), Nancy atent and Trade E, ZELANO &	y Axelrod (44,014) and Jennifer I mark Office connected therewith	. Branigan (37,4)	32) to prosecute t  Direct Te	his lephone Calls	
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					FIRST GIVEN NAME	SECOND GIVEN NAME			
	FULL NAME OF INVENTOR	Gourdeau	:	•	Henriette	SECOND	GIVEN NAME		
R	RESIDENCE & CITIZENSHIP				STATE OR FOREIGN COUNTRY Canada		COUNTRY OF CITIZENSHIP Canada		
Ī	POST OFFICE ADDRESS			T I	CITY #G Montreal QC H3A 2K7		STATE & ZIP @ODE/COUNTRY  Canada		
	FULL NAME OF INVENTOR	FAMILY NAME Giles		l l	FIRST GIVEN NAME Francis		SECOND GIVEN NAME  J.		
) [F	RESIDENCE & CITIZENSHIP	CITY Houston		1	STATE OR FOREIGN COUNTRY Texas		COUNTRY OF CITIZENSHIP United States of America		
1	POST OFFICE ADDRESS	1		n 1	CITY Houston		STATE & ZIP CODE/COUNTRY Texas 77030		
	FULL NAME OF INVENTOR	FAMILY NAME			FIRST GIVEN NAME		SECOND GIVEN NAME		
	RESIDENCE & CITIZENSHIP	· ·			STATE OR FOREIGN COUNTRY		COUNTRY OF CITIZENSHIP		
	POST OFFICE ADDRESS				CITY		STATE & ZIP CODE/COUNTRY		
	FULL NAME OF INVENTOR				FIRST GIVEN NAME SECOND GIVEN NAME				
0	RESIDENCE & CITIZENSHIP				STATE OR FOREIGN COUNTRY		COUNTRY OF CITIZENSHIP		
	POST OFFICE ADDRESS				CITY	STATE 8	ZIP CODE/COUNT	RY	



ATTORNEY'S DOCKET NUMBER Combined Declaration for Patent Application and Power of Attorney (Continued) (Includes Reference to PCT International Applications) PHARMA 100 SECOND GIVEN NAME **FULL NAME** FAMILY NAME FIRST GIVEN NAME OF INVENTOR 2 0 STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP **RESIDENCE &** CITIZENSHIP 5 STATE & ZIP CODE/COUNTRY POST OFFICE STREET **ADDRESS** SECOND GIVEN NAME FIRST GIVEN NAME FULL NAME FAMILY NAME OF INVENTOR 2 COUNTRY OF CITIZENSHIP **RESIDENCE &** STATE OR FOREIGN COUNTRY 0 CITIZENSHIP 6 STATE & ZIP CODE/COUNTRY POST OFFICE STREET **ADDRESS** SECOND GIVEN NAME FIRST GIVEN NAME **FULL NAME** FAMILY NAME OF INVENTOR 2 COUNTRY OF CITIZENSHIP STATE OR FOREIGN COUNTRY RESIDENCE & 0 CITIZENSHIP 7 CITY STATE & ZIP CODE/COUNTRY POST OFFICE STREET ADDRESS FIRST GIVEN NAME SECOND GIVEN NAME FULL NAME FAMILY NAME OF INVENTOR 2 STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP RESIDENCE & 0 CITIZENSHIP 8 STATE & ZIP CODE/COUNTRY POST OFFICE STREET ----CITY ADDRESS ... FIRST GIVEN NAME SECOND GIVEN NAME FULL NAME **FAMILY NAME** OF INVENTOR STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP RESIDENCE & 0 CITIZENSHIP STATE & ZIP CODE/COUNTRY POST OFFICE **ADDRESS** FAMILY NAME FIRST GIVEN NAME SECOND GIVEN NAME FULL NAME OF INVENTOR 2 STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP RESIDENCE & 1 CITIZENSHIP 0 STATE & ZIP CODE/COUNTRY POST OFFICE STREET **ADDRESS** I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon. DATE SIGNATURE OF INVENTOR SIGNATURE OF INVENTOR DATE Gourde an 5 mai 2000 SIGNATURE OF INVENTOR DATE DATE SIGNATURE OF INVENTOR SIGNATURE OF INVENTOR DATE DATE SIGNATURE OF INVENTOR 203 SIGNATURE OF INVENTOR 210 DATE DATE SIGNATURE OF INVENTOR 204

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